### MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

C	OMO TEXTILE	27220022-O	UTLE	TS 1 & 2
1.	MONTH OF JULY 1, 2008 THRU JULY 31, 2008			
2.	Is Outlet # (8 digit) Correct?		N	N/A
3.	Is average Total flow-gal.day stated in space provided?	$\bigcirc$	, N	N/A
4.	Is max. Total flow-gal day stated in space provided	G	N	N/A
5.	Is method used to calculate water stated?  SEP 2008  2 <sup>nd</sup> Input	$\mathcal{C}$	N	N/A
6.	Are number of working days stated?		N	N/A
7.	Are there any parameters which have exceeded PVSC Local Limits?	Y		N/A
8.	Is proper compliance/non-compliance statement provided?	$\bigcirc$	N	N/A
9.	Have correct number of samples been submitted?	(Y)	N	N/A
10	Has PHC result been listed on MR-1 report?	Y	N	N/A
11	. Has sample number been reported in space previded?		N	N/A
12	2. Have all regulated parameters been listed on MR-1?		N	N/A
13	Has sample type been stated on MR 1? $\sqrt{\frac{1^{st}}{100000000000000000000000000000000000$		N	N/A
14	Have all samples been taken during this reporting period?	<b>(</b>	N	N/A
15	5. Has NJDEPE certified lab been used?	E	N	N/A
16	6. Have analytical results been submitted on copies of Laboratory stationery?	(Y)	N	N/A
17	7. Have results been written in space designated on MR-1?	Y	N	N/A
18	3. Is correct method used to preserve samples stated on MR-1	.?	N	N/A
19	Has MR-1 been signed by authorized representative?	$\bigcirc$	N	N/A
20	Has information been submitted on proper MR-1 form?	Y	N	N/A
21	1. Remove Arsenic from report if sampling not required	Y ,	N	N/A

#### MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

COMO TEXTILE	21220022	
First Reviewer: commer	nts on deficiencies <b>COMPLETE</b>	
Date Reviewed 9/33/	OBDate sent to user	
Date due back	Reviewer c.J.m.	
Second review commen	ts on deficiencies	
Date Reviewed	Date sent to user	
Date due back	Reviewer	
Date	Reviewer	

CHIUN

#### PRETREATMENT MONITORING REPORT NAME: COMO TEXTILE PRINTS INC. MAILING ADDRESS: 191 EAST RAILWAY AVE. PATERSON, NJ 07503 FACILITY LOCATION: 191 EAST RAILWAY AVENUE PATERSON, NJ 07503 CATEGORY & SUBPART: 410 OUTLET #: 1 CONTACT OFFICIAL: MICHAEL BLANCHFIELD TELEPHONE: 973 279-2950 NEW CUSTOMER ID / OUTLET ID: 27220022 - 1 OLD OUTLET DESIGNATION: 27400341 - MONITORING PERIOD-Average Maximum Start Regulated Flow-gal/day Total Flow-gal/day MO worked

PARAMETER	$(\frac{1}{2})$		R CONCENTR		# OF	SAMPLE TYPE
		MON AVG	MAXIMUM	UNITS	SAMPLES	COMP/GRAB
	Sample Measurement	0.03		ma/e	1	1
Ca	Permit Requirement	3.02	/	10/0		COOP
Q <sub>1</sub>	Sample Measurement	40.005	/ —	me/e		
Cu -	Permit Requirement	0,54		ale 12		Cowp
	Sample Measurement	5.9		mo/l	ı	
Ni	Permit Requirement	5,9	/	46/12		CONP
7	Sample Measurement	0.15	_	mele		
Zn	Permit Requirement	1.67		uka 10		Comp
	Sample Measurement			11/1		,
	Permit Requirement	*				
	Sample Measurement	0627282				
	Permit Requirement	330				
	Sample Measurement		2			0
	Permit Requirement					
	Sample Measurement	1 1	2			/
	Permit Requirement	7 2008	- CO			. /
	Sample Measurement	1s input	07/	<b>R</b>		:/
	Permit Requirement		N/		1/	
	Sample Measurement	. (		-08		
	Permit Requirement	PARIZINO.	.()	SEB 5000		
	Sample Measurement			Shoul part	nt.	/ / X
	Permit Requirement			र राइप्रांश ।	OP /	\ X )
	Sample Measurement			Mac		XX
	Permit Requirement					
	Sample Measurement					
Γ	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					

DUCC ECDM MD 1 DEM. 4 C/07 D 1

¥ .		
	PRETREATMENT MONITORING REPORT	
L .	e if applicable (use additional sheets): We have been cen	4. FEE
for NON	-use for Cr, Cd, Hg	
Compliance or non comp	pliance statement with compliance schedule (use additional sheets if necessary) for every	y.
(imits)	on Cu, Pb, Ni, Zn	
		<del>}</del>
Explain Method for presen	erving samples: <u>Samples</u> were taken and	
Acid we	at 4 degrees contignade. Nitric as used to preserve The sample	 S
at less	Than pH 2.0	
I certify under penalt	ty of law that this document and attachments were prepared under my direction or	supervision in
	m designed to assure that qualified personnel properly gather and evaluate the info	
	the person or persons who manage the system, or those persons directly responsible	
	ormation submitted is, to the best of my knowledge and belief, true, accurate and co	
	re significant penalties for submitting false information, including the possibility of	
fine and imprisonment fo		, and the second
· · · · · · · · · · · · · · · · · · ·		
403.6(a)(2)(ii) revised	Lby 53 FR 49610, October 17, 1988	
	Ulum (Fil)	
	Signature of Principal	
//	/ Executive or Authorized Agent	
# (	Michael F. Blanchfield	
	Wise President	
·	Type Name and Title	•
	8/19/2008	
	'm .	

PVSC FORM MR-1 REV: 5 3/91 P 2

#### PRETREATMENT MONITORING REPORT

NAME: COM	O TEXTILE PRINTS INC.			kul kui.	A00 2 0 2	UUð	
MAILING ADDI	RESS: 191 EAST RAILWAY	AVE. PATERS	ON, NJ 07503	3	No. of the contract of the con		
FACILITY LOCA	FACILITY LOCATION: 191 EAST RAILWAY AVENUE PATERSON, NJ 07503						
CATEGORY & S	SUBPART: 410			OUTLET #:	2		
CONTACT OFFI	CIAL: MICHAEL BLANCHF	TELD		TELEPHONE	: 973 279-2950	)	
NEW CUSTOME	ER ID / OUTLET ID: 27220022	-2 01001			,		
				_	1400342		
Start	ORING PERIOD		Ave	erage	<u>Maximum</u>		
Start	End	Regulated Flow-	cal/day.	-			
7 / 68 MO DAY YR	(   /   5     /	Fotal Flow-gal/d		7,989	17,5	87	
Method Used:	losthly meter o	tali.	2-15	000	a dan		
worke	ed		1	A GX 10	gray	->	
Production Rate (i	· .						
PARAMETER	(7)	MASSC	D COMORNIA	TD ATTION!	1 "0"		
THE WILLIAM	$(\mathcal{J})$	MON AVG	R CONCENT MAXIMUN		# OF	SAMPLE TYPE	
	Sample Measurement	0.10		7.5	SAMPLES	COMP/GRAB	
Ca	Permit Requirement	3,02		my/e	-	Comp	
. 01	Sample Measurement	40,005	/	my/e	<del>                                     </del>	<u> </u>	
P6	Permit Requirement	0.54		~ 6/Q		Camo	
	Sample Measurement			ng/l		- 043	
Ni	Permit Requirement	20.01	/	146/2		Com D	
7.	Sample Measurement	0.14		41.6/2	1	WIND	
- Cn	Permit Requirement	1.67		26/10		Comp	
	Sample Measurement	2526272		1076			
	Permit Requirement	20.4	30				
	Sample Measurement		85				
	Permit Requirement						
	Sample Measurement		esil.				
	Permit Requirement	2008					
	Sample Measurement	1st Innui	A/				
	Permit Requirement		.02/	1597			
1	Sample Measurement	57	cV/				
	Permit Requirement	(OH131319)	V		Sec. 200-		
-	Sample Measurement				<u> </u>	\	
	Permit Requirement			1.1			
-	Sample Measurement			111			
	Permit Requirement Sample Measurement			#	2008		
	Permit Requirement		<del></del>	5)	ללוחון זה		
	Sample Measurement				Sur linha Dept		
	Permit Requirement				ndusulai		
	Sample Measurement			-			
F	Permit Requirement						
	Sample Measurement						
-	Permit Requirement			-			
<del></del>	1 offine requirement	l					

· ·	
en e	PRETREATMENT MONITORING REPORT
	AUG 2 0 2008
	if applicable (use additional sheets): We have been certified
- JON NON	-use for Cl, Cr, Ha
	<u> </u>
Compliance or non comp	liance statement with compliance schedule (use additional sheets if necessary) for every
parameter used: we	care in Compliance of the local
(imits)	on Ge, Pb, Wi, Zn
	J
Explain Method for prese	rving samples: <u>Samples</u> were taken and
Storedo	-t 4 degrees centiquade. Nitric
Acid wo	is used to preserve the samples
at less	Than DH 2.0
	y of law that this document and attachments were prepared under my direction or supervision in
	a designed to assure that qualified personnel properly gather and evaluate the information submi
	he person or persons who manage the system, or those persons directly responsible for gathering
	rmation submitted is, to the best of my knowledge and belief, true, accurate and complete.
	e significant penalties for submitting false information, including the possibility of
fine and imprisonment fo	r knowing violations.
403.6(a)(2)(ii) revised	by 53 FR/40616, October 17, 1988
	// ///
ŧ.	Signature of Principal
	/ Executive or Authorized Agent
++	
+2	Michael F. Blanchfield
	The President
	Type Name and Title
•	8/19/2008
	1 7/

PVSC FORM MR-1 REV: 5 3/91 P 2

## Technion Inc., Testing and Research Laboratories

**Client: Como Textiles** 

Date Received: 07/02/08

Date Digested: 07/02/08

#### **Test Results**

Sample ID: Pretreatment 2

Matrix: Wastewater

Lab ID: 8078-4

Dil. Factor: 1

Date Analyzed	Parameter	Results	MDL	Local Avge Limits	EPA Method
07/09/08	Copper	0.10	0.003	3.02	200.7
07/09/08	Lead	N.D.	0.005	0.54	200.7
07/09/08	Nickel	N.D.	0.01	5.9	200.7
07/09/08	Zinc	0.14	0.005	1.67	200.7

Test results are in mg/l (ppm), unless specified.

**MDL**: Minimum Detection Limit

N.D.: Not Detected

**NJDEP No. 07004** 

Page

5 of 5

### Technion, Inc. Testing and Research Laboratories

Client : Como Textiles Date Received : 07/02/08

Date Digested: 07/02/08

#### **Test Results**

Sample ID: Pretreatment 1 Matrix: Wastewater

Lab ID: 8078-2 Dil. Factor: 1

Date Analyzed	Parameter	Results	MDL	Local Avge Limits	EPA Method
07/09/08	Copper	0.03	0.003	3.02	200.7
07/09/08	Lead	N.D.	0.005	0.54	200.7
07/09/08	Nickel	N.D.	0.01	5.9	200.7
07/09/08	Zinc	0.15	0.005	1.67	200.7

Test results are in mg/l (ppm), unless specified.

**MDL**: Minimum Detection Limit

N.D.: Not Detected

**NJDEP No. 07004** 

tel: (973) 279-2950 fax: (973) 881-8450

Date: 8/19/2008

Passaic Valley Sewerage Commissioners Industrial Waste Control Department

RE: Computations for monitoring report

Enclosed are the computations for the enclosed monitoring report:

Service #341	
Meter #70025607 30 20 (CCF) * 748 =	2, 258,960 gal
Meter #60094686 60 (CCF) * 748 =	44, 880 gal
	2,303,840 gal
5% allowance for evaporation	* .95
Consumption #341	3,188,648 gal
Service #342	
Meter #60094678 270 (CCF) * 748 =	201,960 gal
5% allowance for evaporation	* .95
Consumption #342	191,862 gal
Service #343	
Meter #45141583	2,244 gal
	2 244
Sanitary only #343	2,244 gai

Michael Blanchfield Plant Manager

pvsc36

# Technion Inc., Testing and Research Laboratories 263 Hillside Avenue Nutley, NJ 07110

Tel: 973-661-0800

Fax: 973-661-1817

RECEIVED JUL 25 2008

#### **Analytical Report**

Client: Como Textiles

Client Ref:

Material: Four Wastewater Samples

Date: 07/14/08

Technion Ref: 8078

Date Received: 07/02/08

**Lab ID: 08**: 8078

Project:

Analysis Req: BOD, TSS, pH / Metals (Cu, Pb, Ni, Zn)

Analyst: Y. Yildiz, S. Zalewski

The above sample(s) were received on 07/02/08 and analyzed as requested.

**Certificate of Analysis** 

Test Results: Test results are as attached.

**Metals Subcontracted to QC Laboratories** 

Release of the date contained in this hard copy data package has been authorized by the laboratory manager as verified by the following signature.

Omar Baturay Laboratory Manager

OB/td

**NJDEP No. 07004** 

Page

1 of 5



Passaic Valley Water Commission P.O. Box 11393 Newark, New Jersey 07101-4393 973-340-4300 877-772-7077

RECEIVED JUL 3 1 2008

#### Page 1 of 1

Bill Date	Jul 25, 2008
Account Number	122625-98578
Date of Last Payment	Jul 07, 2008
Amount of Last Payment	\$ 233.12
Previous Balance	\$ 0.00
Current Charges	\$ 219.22
Total Amount Due	\$ 219.22
Due Date	Aug 24, 2008

#### SERVICE ADDRESS 193 E RAILWAY AVE, PATERSON

BILL TYPE MONTHLY BILL

**Billing Period** 

Jun 06, 2008--Jul 14, 2008

Services

 Description
 Charge

 SERVICE CHARGE
 106.30

 SERVICE CHARGE
 25.35

 FIRST 333 CCF
 87.57

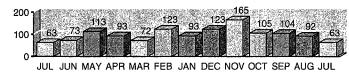
Meters

 Meter No
 Meter Size
 Current Previous
 Consumption

 60094686
 2 INCH
 1250
 1244
 60

 45141583
 5/8 INCH
 494
 491
 3

**Usage History** (most recent first)



#### DETACH HERE AND RETURN LOWER PORTION WITH YOUR CHECK OR MONEY ORDER



Passaic Valley Water Commission P.O. Box 11393 Newark, New Jersey 07101-4393 973-340-4300

RECEIVED JUL 3 1 2008

Mailing Address:

193 E RAILWAY AVE PATERSON NJ 07503



□ To change mailing address check here and fill out back of form. Please include account number on check or money order. Make check or money order payable to PVWC.

Account Number	122625-98578
Due Date	Aug 24, 2008
Total Amount Due	\$ 219.22
Amount Enclosed	

Service Address:

193 E RAILWAY AVE, PATERSON

PASSAIC VALLEY WATER COMMISSION PO BOX 11393 NEWARK NJ 07101-4393 Illindriddillinniddilliddilliddilliddilliddilliddilliddilliddilliddilliddilliddilliddilliddilliddilliddilliddi



Passaic Valley Water Commission P.O. Box 11393 Newark, New Jersey 07101-4393 973-340-4300 877-772-7077

RECEIVED JUL 3 0 2008

#### Page 1 of 1

Bill Date	Jul 25, 2008
Account Number	122623-98574
Date of Last Payment	Jul 07, 2008
Amount of Last Payment	\$ 692.22
Previous Balance	\$ 0.00
Current Charges	\$ 481.60
The state of the s	
Total Amount Due	\$ 481.60
Due Date	Aug 24, 2008

#### SERVICE ADDRESS 191 E RAILWAY AVE UT001, PATERSON

BILL TYPE MONTHLY BILL

**Billing Period** 

Jun 06, 2008--Jul 14, 2008

Services

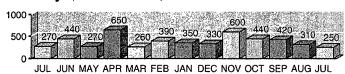
Description SERVICE CHARGE FIRST 333 CCF Charge 106.30 375.30

Meters

Meter No 60094678 Meter Size 2 INCH Current Previous 4814 4787 Consumption

270

Usage History (most recent first)



#### DETACH HERE AND RETURN LOWER PORTION WITH YOUR CHECK OR MONEY ORDER



Passaic Valley Water Commission P.O. Box 11393 Newark, New Jersey 07101-4393 973-340-4300

RECEIVED JUL 3 0 2008

Mailing Address:

\*A-00-BZK-AM-00084



☐ To change mailing address check here and fill out back of form. Please include account number on check or money order. Make check or money order payable to PVWC.

Account Number	122623-98574
Due Date	Aug 24, 2008
Total Amount Due	\$ 481.60
Amount Enclosed	

Service Address:

191 E RAILWAY AVE UT001, PATERSON

PASSAIC VALLEY WATER COMMISSION PO BOX 11393
NEWARK NJ 07101-4393

SAIC VY

Passaic Valley Water Commission P.O. Box 11393 Newark, New Jersey 07101-4393 973-340-4300 877-772-7077

RECEIVED AUG 6 - 2008

#### Page 1 of 1

Bill Date	Aug 01, 2008		
Account Number	122621-98572		
Date of Last Payment	Jul 07, 2008		
Amount of Last Payment	\$ 5,351.02		
Previous Balance	\$ 0.00		
Current Charges	\$ 3,890.52		
Total Amount Due	\$ 3,890.52		
Due Date	Aug 31, 2008		

#### SERVICE ADDRESS 191 E RAILWAY AVE, PATERSON

BILL TYPE MONTHLY BILL

**Billing Period** 

Jun 06, 2008--Jul 14, 2008

Services

 Description
 Charge

 SERVICE CHARGE
 337.60

 FIRST 333 CCF
 462.87

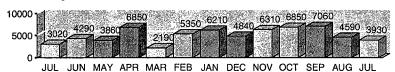
 NEXT 9,999,999 CCF
 3090.05

Meters

Meter No 70025607 Meter Size 4 INCH Current Previous 6283 5981

Consumption 3020

Usage History (most recent first)



DETACH HERE AND RETURN LOWER PORTION WITH YOUR CHECK OR MONEY ORDER



Passaic Valley Water Commission P.O. Box 11393 Newark, New Jersey 07101-4393 973-340-4300

RECEIVED AUG 6 - 2008

Mailing Address:

\*A-00-GJZ-AM-03026

12

☐ To change mailing address check here and fill out back of form. Please include account number on check or money order. Make check or money order payable to PVWC.

Account Number	122621-98572
Due Date	Aug 31, 2008
Total Amount Due	\$ 3,890.52
Amount Enclosed	(1) (h)

Service Address:

191 E RAILWAY AVE, PATERSON

000122621000098572000003890526



# CHAIN OF CUSTODY

TESTING AND RESEARCH LABORATORY

**263 HILLSIDE AVENUE** 

TECHNION, INC.

Tel: (973) 661-0800 • Fax: (973) 661 -1817

NUTLEY, NEW JERSEY 07110

#### REMARKS Time 99 Page of Date HKO, HNO TRANSPORTED AT 4°C? 5.9 ØYES SAMPLES IN GOOD CONDITION? ØYES NO. OF SAMPLE CONTAINERS Received by (Signature): REMARKS: TRANSPORTED AT 4°C? Time Date Received by (Signature): 2 5 SAMPLE DESCRIPTION 3.0 Time whater TYPE REQUIRED CHECK REPORT 100 × D Date Date EPA TIER I (CLP) EPA TIER II (CLP) RESULTS ONLY III NJ ECRA II NJ TIER 1B DATE DUE NY DOH OTHER Received by (Signature): Received by (Signature): 71709 TIME 0 1ex 1-975 -279-2950 B 80-1 DATE 1 10:00 Time Time 72B Date Date metreatonenta Men Company Name / Address: SAMPLE I.D. Relinquished by (Signature); Relinquished by (Signature): Sampler (Signature): Proj. Description / Com 01/10 Proj. Mgr.

# \* FOR BOTH OUTLETS # 1 + # B 1

## TOF LOWN BOX

# NON USE CERTIFICATION MONITORING REPORT LOCAL LIMITS COMO TEXTILE

LING AD	DRESS:					
LITYLO	CATION:					
EGORY &	SUBPART P	ERMIT =		OUT ET =	97990099-149	
TACT OF						
ve been a	uthorized to certify non	use for the foll	Outre boars	IELEPHUNE ;	The second secon	
nic	been authorized to certify non-use for the following heavy metals: Lead Zinc SAMPLEDATE					
nium Mercury			MONTH DAY YEAR			
mium	Molybdenum					
er	Nickel /		. 7	02	08	
AMETER						
		RESULT	CONCENTRATIO	7	SAMPLE TYPE	
,		RESULT	THRESHOLD VALUE EXCEEDED	UNITS	COMP/GRAB	
	Sample Measurement	10.01	YES OR NO	1		
NICKEL	Threshold Value	0.02.		mg/I	Comp.	
	Sample Measurement	, 1				
COUT.#1	Threshold Value			,	•	
	Sample Measurement			<del>-</del>	*	
	Threshold Value					
980	Sample Measurement	40.01 /2	13/A 25262	meli		
TICKEL	Threshold Value	0.02	1	mG/L	comp.	
:0UT.#24	Sample Measurement	60	1	2		
041.701	Threshold Value	E	181 2008			
B	Sample Measurement	100	Sp. A		11	
	Threshold Value	35	1 69%	The state of the s		
	Sample Measurement		ELLIOL631			
	Threshold Value			\$	TO ST	
	Sample Measurement				illa dia	
51	Threshold Value		20	1		
	Sample Messurement					
	Threshold Value					

VSC Form MR-3 10/96

A ENTER NICKEL SAMPLE AS DROP BOX ON MR-1 FIRST ENTRY &